

STATE OF TENNESSEE DEPARTMENT OF COMMERCE & INSURANCE

AUCTIONEER COMMISSION

DAVY CROCKETT TOWER 6th Floor 500 JAMES ROBERTSON PARKWAY NASHVILLE, TN 37243-1152 Phone: (615) 741-3236

Fax: (615) 741-1245

www.state.tn.us/commerce/boards/auction

(Questions 1 through 6 must be answered or application will be returned.) APPLICATION FOR FIRM BRANCH OFFICE LICENSE

This application to be used only by a licensed Firm owner who desires to maintain a branch office in addition to his principal place of business.

1.	Mailing address of Branch (Street & Number) (City)(State) (Zip Code)							
2.								
3.	Physical address							
4.	Telephone number (s) Phone Fax Fax							
5.	Owner Name of Firm Branch Office							
6.	License number of principal firm Telephone Number							
familia unders is true	67, as amended, swar with the provisions signed further swear to the best of his or ture: Owner(s) of But	s of the afore s (or affirms) her knowledg	mention that all	ed Act, of the in elief.	and ag	rees to on giver	fully co	emply. The application
Print N	Name(s)	-	Print Name					
	porate owner (s) indi	. , ,						
Subscribed and sworn to before me the My Commission expires,			Day Day	of Year	Month -		Year	(SEAL)
Notary	y Public				(Cou	nty)	(State	 e)
IN-041	12 (Rev.6/04)							

SEAL IS MANDATORY